

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled DIGITAL THERMOMETER FOR MEASURING BODY TEMPERATURE, the specification of which:

is attached hereto.
 was filed on November 20, 2003 as Application Serial No. _____ and was amended on _____.
 was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e)(1) of any United States provisional application(s) listed below:

U.S. Serial No.	Filing Date	Status
60/428,817	November 25, 2002	Pending

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Celia H. Leber, Reg. No. 33,524
John W. Freeman, Reg. No. 29,066

Timothy A. French, Reg. No. 30,175

Direct all telephone calls to CELIA H. LEBER at telephone number (617) 542-5070.

Direct all correspondence to the following:

26161
PTO Customer Number

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Combined Declaration and Power of Attorney
Page 2 of 2 Pages

Full Name of Inventor: MELINDA PENNEY

Inventor's Signature: _____ Date: _____
Residence Address: 90 Hazard Ave., Providence, RI 02906
Citizenship: USA
Post Office Address: 90 Hazard Ave. Providence, RI 02906

Full Name of Inventor: DALITA TOMELLINI

Inventor's Signature: _____ Date: _____
Residence Address: 5 Peck Rd., Rehoboth, MA02769-2806
Citizenship: USA
Post Office Address: 5 Peck Rd., Rehoboth, MA02769-2806

Full Name of Inventor: SHERIN BETH LUSSIER

Inventor's Signature: _____ Date: _____
Residence Address: 6 Sorrell Rd., North Providence, RI 02904
Citizenship: USA
Post Office Address: 6 Sorrell Rd., North Providence, RI 02904

20759512.doc